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|  | | | **PROCESO DE BIENESTAR INSTITUCIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REGISTRO DIARIO DE ASESORIA EN PROMOCIÓN DE LA SALUD** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Código:*** *FO-BIN-03* | | | ***Versión:*** *04* | | | | | | | ***Fecha de aprobación:*** *26/11/2024* | | | | | | | | | | | | | | | ***Página:*** *1 de 1* | |
| **NOMBRE DEL RESPONSABLE:** | | | | | | | | | | | | | | | | | | **PROFESIÓN:** | | | | | | | | | | | |
| **MES/ AÑO:** | | | | | | | | | | | | | | | | | | **CAMPUS:** | | | | | | | | | | | |
| **DIA** | **HORA** | **NOMBRES** | **APELLIDOS** | **DOCUMENTO DE IDENTIDAD** | **CODIGO ESTUDIANTIL** | **PROGRAMA / DEPENDENCIA** | **EDAD** | **GENERO**  **SEXO** | | | **TELÉFONO** | **GRUPO**  **POBLACIONAL** | | | | | | | | | | | **DESCRIPCIÓN** | **REMISION** | | **TRANSCRIP. INCAP ESTUDIANTI L** | | | **FIRMA** |
| Femenino | Masculino | No Binario | **Víctima del conflicto** | | **DISCAPACIDAD** | **GEST. LACT.** | **ADOLESC** | **LGBTIQ+** | | **AFRODESCENDIENTE** | **INDÍGENA** | **OTROS** | **NINGUNA** |
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